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. 11/15/2005 THAKIM   00000002 132546   10057419

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Craig L. Schmidt et al.	Examiner:	S. Kennedy
Serial No.	10/057,419	Group Art:	3762
Filing Date:	January 25, 2002	Docket No.:	P-7586.01
Title:	IMPLANTABLE MEDICAL DEVICE WITH A DUAL POWER SOURCE		

TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING REJECTION UNDER 37 CFR § 1.321(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Caroline F. Barry, claim that I am an authorized representative to sign on the behalf of the assignee of the above-identified patent application. The Assignment was recorded on April 30, 2002, at Reel 012824, Frame 0150.

The extent of our interest is in the whole of this invention.

Disclaimer

Applicants hereby disclaim the terminal part of any patent granted on the above-identified application which would extend beyond the expiration date of the full statutory term of U.S. Patent Nos. 6,456,883 and 6,044,295.

Any patent granted on the above-identified application shall be enforceable only for and during such period that said patent is commonly owned with the application(s) or patent(s) which formed the basis for the double patenting rejection.

Applicants: Craig L. Schmidt et al.
Serial No. 10/057,419
Page 2

The Commissioner is hereby authorized to charge $110.00 to Deposit Account

Number 13-2546 to cover the cost of the disclaimer. Any deficiency or overpayment

should be charged or credited to Deposit Account No. 13-2546. A duplicate copy of this

sheet is enclosed.

Respectfully submitted,

Date: __11/7/05__

Caroline F. Barry
Reg. No. 41,600
(763) 514-4673
Customer No. 27581

-2-

Application or Docket Number
2 40 457 419
2 7 5 8 6 0

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	7 0	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	70 minus 20 =	1 0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	18c
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	920

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

7
1
10

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	13	Minus	30	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

2-4-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	13	Minus	20	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

		OR		
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

1-7-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	13	Minus	20	
Independent	2	Minus	2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

		OR		
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.